



Please fill out all 4 pages and return completed form to:

Marcia Dawson
3220 N County Rd 575 E
Danville, IN 46122

The Health Trust Fund of the Scottish Terrier Club of America DNA Bank Agreement & Health Data Application

Registered Name	Registration Number AKC____ CKC____ Other_____
Sex Spayed____ Neutered____ Intact_____	Call Name Color
Date of Birth Country Date of Death (if applicable)	ID Number (if any): Tattoo____ Microchip____
Sire Name and Registration #	Dam Name and Registration #
CHIC Number	Titles (Prefix and/or Suffix)
Owner Name	Co-Owner Name(s)
Owner Mailing Address	Co-Owner Email
City State Zip/Postal Code	Co-Owner Mailing Address
Owner Email Owner Phone	City State Zip/Postal Code

I (We) hereby agree to the following provisions of the STCA HTF DNA Bank & Database:

1. The STCA Health Trust Fund (HTF) will be named as the "Organization" on the Banking Agreement Form with Resero Genomics., at the time of sample submissions from my Scottish Terrier(s).
2. I (We) agree to entrust the management of the DNA processed and stored from my Scottish Terrier(s) at Resero Genomics to the STCA Health Trust Fund (HTF) DNA Committee.
3. I (We) understand that the STCA HTF will be responsible for all expenses of processing and yearly storage for the samples I have submitted to Resero Genomics
4. I (We) understand that future research projects, sequencing, and/or DNA testing trials may arise which are deemed potentially beneficial to the Breed by the STCA's HTF. Furthermore, I (we) understand that information regarding such projects will be made public via the STCA Website and other electronic means. I (We) understand that I will have 30 days after such notice to opt out of contributing my dogs' DNA to such a project by submitting a written request to the STCA HTF DNA Committee. I (we) also understand that the STCA HTF will pay all shipping charges of the DNA samples sent from Resero Genomics to the research site.

5. Results from such research projects will be made public as aggregate data by the STCA HTF per agreement with the individual researcher. Results on any individual dog will never be made public, but results on my own Scottish Terrier(s), if available, may be provided to me in upon written request.
6. I (We) understand that I may request at any time for a sample of my Scottish Terrier(s) DNA be sent to an outside lab for individual testing, and that I will be responsible for shipping and all fees for such testing. Furthermore, I (we) agree that the STCA HTF DNA Committee will have access to DNA test results from the outside lab on submitted samples from the Bank, and that this confidential data will be entered into the secured database managed by the Committee.
7. I (We) understand that I can withdraw the stored DNA on my Scottish Terrier(s) from the STCA HTF DNA bank at any time and request that this material be shipped to another storage facility or that an individual account be established at Resero Genomics, under my name and management only. Any such request must be submitted in writing to Resero Genomics. I (we) understand that I will be responsible for any and all processing, shipping and storage charges accrued per this request.
8. In the event of withdrawal of my dogs' DNA from the STCA HTF DNA bank, I (we) understand that a residual amount of at least 1 ug of my Scottish Terrier(s)' DNA will be retained by the Bank for future research, sequencing, and/or testing. If I elect not to allow any residual amount of DNA from my Scottish Terrier(s) to remain in the STCA HTF DNA bank after withdrawal, then I (we) agree to repay the STCA HTF all accrued costs of processing and storage of my samples to date.
9. I (We) understand that the STCA HTF DNA Committee will receive, record, and maintain this submitted contact & health data application regarding my Scottish Terrier(s).
10. I (We) understand that the contact and health data submitted herein along with all testing results and updates will be maintained in a secure database monitored and verified by the appointed HTF Admin and a select STCA HTF DNA Committee. Dog owners will have access to create an account, enter and update their own dogs' data using a secured log-in process.
11. All personal contact information of the dog owner(s) will be viewable by the Admin.
12. I (We) understand that all my dog's data and health information will be searchable and viewable by the general public except for any supporting veterinary records submitted by the owner to document the record. These records will be archived for research verification purposes and not available to public view.
13. I (We) agree that in the event of my incapacitation or death, unless otherwise directed in writing by myself or by a legal representative of my estate, the STCA HTF DNA Committee will assume full ownership of the preserved DNA at Resero Genomics from my Scottish Terrier(s). I (We) understand that at that point, further use or distribution of the DNA from my Scottish Terrier(s) will be at the sole direction and authority of the STCA HTF DNA Committee. All matters of confidentiality regarding such DNA will be maintained by the Committee at all times.



By checking this box, I (we) agree to entrust the management of my Scottish Terrier(s)' DNA samples stored at Resero Genomics. to the STCA HTF DNA Committee, allowing full access to this DNA by the Committee for research purposes. NOTE: Be sure to select STCA-HTF in Section V "Billing & Payment Options" on the sample submission form.

Signature of Owner _____ **Date** _____

****Resero Genomics Sample ID Number for this Scottie (if known)** _____

Signature of Co-Owner(s) _____ **Date** _____

Signature of Co-Owner(s) _____ **Date** _____

STCA Health Trust Fund DNA Bank Health Survey

To the best of your knowledge, has this dog or offspring from this dog ever been diagnosed with any of the following genetic health issues?

If yes, please indicate under This Dog or Offspring the method of diagnosis and age:

Owner/Breeder (O/B), DVM, Lab, Specialist (Spec), Necropsy (Nec).

If this dog has had a DNA test, indicate result: DNA-Clear, DNA-Carrier, or DNA-Affected.

Genetic Diseases	This Dog	Offspring
Method of Diagnosis & Age		
Scottie Cramp		
Cerebellar Abiotrophy (CA)		
Liver Shunt		
CMO		
vWD		

Below this line, all information is about This Dog only

Eye Diseases	Age at Diagnosis	Method of Diagnosis
Juvenile Cataracts		
Persistent Pupillary Membranes		
Sudden Retinal Degeneration		
Other _____		

Skin Disorders	Age at Diagnosis	Method of Diagnosis
Atopic Dermatitis		
Chronic Ear Infections		
Food/Medicine Sensitivities		
Systemic Demodectic Mange		
Autoimmune Skin Disease		
Other _____		

Gastrointestinal Disorders	Age at Diagnosis	Method of Diagnosis
Method of Diagnosis		
Chronic Vomiting		
Pancreatitis		
Chronic Colitis		
Food Allergies/ Intolerances		
Inflammatory Bowel Disease		
Other _____		

Liver/Endocrine Disorders	Age at Diagnosis	Method of Diagnosis
Elevated Liver Enzymes		
Chronic Active Hepatitis		
Gall Bladder Disease		
Cushings Disease		
Atypical Cushings Disease		
Addisons Disease		
Hypothyroidism		
Diabetes Mellitus		
Other _____		

Cancer	Age at Diagnosis	Method of Diagnosis
Bladder Cancer (Urothelial Carcinoma)		
Lymphoma		
Melanoma		
Mast Cell Carcinoma		
Hemangiosarcoma		
Mammary Carcinoma		
Osteosarcoma		
Liver Carcinoma		
Other _____		

Neurologic Disorders	Age at Diagnosis	Method of Diagnosis
Method of Diagnosis		
Epilepsy		
Old Dog Vestibular Disorder		
Degenerative Myelopathy		
Rage Syndrome		
Other _____		

Orthopedic Disorders	Age at Diagnosis	Method of Diagnosis
Method of Diagnosis		
Patellar Luxation (Grade or Normal)		
Hip Dysplasia		
Elbow Dysplasia		
Legg-Calve Perthes		
Other _____		

Reproductive Disorders	Age at Diagnosis	Method of Diagnosis
Method of Diagnosis		
Cryptorchid/Monorchid		
Abnormal Sperm/Low Fertility		
Irregular Heat Cycles		
Uterine Inertia		
Lost/Resorbed Pregnancy		
Prostatic Disorders (BPH, etc.)		
Other _____		

Urinary Disorders	Age at Diagnosis	Method of Diagnosis
Method of Diagnosis		
Bladder Stones		
Bladder Infections (repeated)		
Kidney Stones		
Kidney Disease/Failure		
Other _____		

Dental Disorders	Age at Diagnosis	Method of Diagnosis
Method of Diagnosis		
Periodontal Disease		
Chronic Ulcerative Stomatitis (CUPS)		
Overbite/Underbite		
Missing Permanent Teeth		
Other _____		

Other _____